

# WIC Futures Study Group

February 16, 2011  
Holiday Inn Conference Center  
22 North Last Chance Gulch, Helena, MT

Mary Beth Frideres  
Montana Primary Care Association  
900 North Montana, Suite B3  
Helena, MT 59601  
[mbfrideres@mtpca.org](mailto:mbfrideres@mtpca.org)

## Introduction

In response to financial, structural, and operational challenges within the Montana Women, Infants, and Children (WIC) nutritional program, the WIC Futures Study Group met to discuss the WIC service delivery system. The goal of the Study Group is to develop a statewide delivery system to provide effective, efficient, and high quality services to the greatest number of participants possible.

The meeting was held on Wednesday, February 16, 2011. The following is a report of the meeting activities.

Participants included:

Mary Beth Frideres	MPCA	Lora Weir	Teton County HD
Joan Bowsher	DPHHS/WIC	Bill Hodges	Big Horn County HD
Mark Walker	DPHHS/WIC	Kathleen Jensen	Sheridan County HD
Carrie Reynolds	DPHHS/WIC	Terri Hocking	Butte HD
Dorota Carpenedo	DPHHS	Jeannie Siefert	Dawson County HD
Corinne Kyler	DPHHS/WIC	Dorothy Bradshaw (o)	Lewis & Clark HD
Linda Stallings	DPHHS/WIC	Stephanie Murphy (o)	Gallatin County HD
Denise Higgins	DPHHS	Darcy Hunter (o)	Gallatin County HD
Leah Steinle	DPHHS/WIC	Gayle Espeseth (o)	RiverStone Health
Linda Best	Deer Lodge/Beaverhead County WIC	Debbie Hendrick (o)	RiverStone Health
Ellen Leahy	Missoula HD	Shawn Hinz (o)	RiverStone Health

(o) = observer

The meeting was facilitated by Mary Beth Frideres of the Montana Primary Care Association.

## Opening Comments

Opening comments were made by Joan Bowsher, DPHHS WIC Director. Group members introduced themselves.

Joan told the group that Mary Beth had called her after the last meeting and described a potential conflict of interest. As the subcommittee had decided to recommend to the Study Group that WIC be put out on RFP, Mary Beth felt the group needed an opportunity to discuss her role as facilitator going forward. Mary Beth works for the Montana Primary Care Association which represents Montana's Community Health Centers. If WIC was put to an RFP, some of those health centers might decide to apply. Mary Beth said the question for the group was: Could the group trust that I will be neutral in facilitating its meetings going forward? She left the room so that the Study Group could discuss the question.

When called back into the room, it was revealed that the group wanted Mary Beth to continue as their facilitator.

## **Discussion of the Results of the Sub-Committee Meeting**

Joan referred the group to minutes of the sub-committee meeting in each participant's folder. Even though there were only 5 members there, the group decided to go forward with the meeting. Most of the participants were from small counties. The group discussed the survey information and considered structural options for the WIC program: further consolidation, keep everything the same, or keep the same system but add efficiency methods.

The sub-committee made the following recommendations to the WIC Study Group:

1. The State WIC program should look at state data (like cost per participant, potential eligibles), ideas from the Study Group and the subcommittee, and what has been tried and learned in other states and come up with a plan to move the program forward in the most cost efficient way possible.
2. The State WIC program should develop requirements for service approaches and actions.
3. The State WIC program should develop an RFP process for WIC to be implemented in 2013, including options for consolidation/regionalization and incentives for cost effective service delivery. Innovation should be encouraged.
4. Set a meeting mid February 2011 with the whole Study Group to review and discuss these recommendations and decide which ones should go to the State. The State WIC program should present possible components of a WIC RFP to the Study Group during this meeting and get input.
5. The mission and principles the Study Group developed should be included in the report of this meeting.

Joan felt that the group turned the issues back to the state. "Figure something out, tell us how to do it, and be more powerful in making us do it," she said was what she heard.

Linda Best gave her point of view regarding the meeting. She said there are continuing concerns with regionalization. It has happened in some places and not in others. She said, "We were given the opportunity to change and some didn't. We gave up. Everyone wants services in their county and we can't do it." She described reviewing the amount spent per client and made the case that it is more efficient to serve more people. The group was fed up with trying to change and told the state it was time for a different approach. "It is frustrating with no extra money," she said.

Kathy Jensen agreed that is what happened. She said she was looking forward to this meeting to see what an RFP would look like. She said they don't want to lose WIC, but they are subsidizing the program. They want to look at the RFP option and anything else that might come up.

Joan said she met with Jane Smilie and the new Bureau Chief, Denise Higgins. The staff reviewed the group vision and guiding principles and spent a lot of time putting together a draft RFP.

## **Review of Data Requests**

Dorota Carpenedo, state epidemiologist, led the group through a PowerPoint presentation that she had developed titled, "WIC Estimated Eligibility and Participation." The presentation described a process and methodology developed by Washington state to estimate the maximum number of eligible women, infants, and children for WIC in a given year. This would enable WIC staff to update the caseload estimation figures by county on a yearly basis, anticipate changes in demand, facilitate consistency in implementing caseload distribution from year to year, and improve program administrators' ability to respond to changes in federal funding levels. The group asked clarifying questions. Several group members commented that it would be a good thing to have this data to help in the decision about where to invest WIC resources.

Joan directed the group to look at the handouts entitled, “FFY11 Contract Totals and Average Cost per Participant,” “State Budget for FFY11,” and “FFY11 OA Requests” in the packet. Joan said there are still questions as to whether the new computer system is counting participants correctly. There are efforts underway to sort that out, she said. The group reviewed the information and asked clarifying questions.

Joan said that the participation numbers are down but that is true across the nation. This could have something to do with the birth rate being down, as well, she said. Joan talked about the 2011 Legislature currently in session and their effort to cut \$300,000 from the state WIC budget. Joan told the group that money was for special projects and, if cut, will not impact food or NSA dollars.

The group discussed the state health department “cost allocation plan” where agency-wide administrative costs are spread across all budgets. This has been a concern to Study Group members for some time. Group members wanted to know how that number compared to last year and if there is any chance of a reduction. Corrine said she talked with state administrators and has a document she could share with the group on the cost allocation. Joan said some of the decisions have not yet been made.

The group asked Joan what is going on with the Federal budget. Joan said the budget discussions are caught up in Continuing Resolutions and no one is making commitments until after that is decided.

The group discussed the WIC marketing campaign. Most loved the materials. One person said she heard a comment that questioned the need for more money if money was available for marketing.

## **Review and discussion of DRAFT WIC Reorganization Statement of Work**

Joan reviewed RFP processes used by other states – some RFP on a regular basis. The group looked over the DRAFT Statement of Work from Iowa. Joan said they did not pre-define regions, they would let people determine a geographic area to serve. There are some stipulations – in the proposed area, the child population must have more than 6,000 children, the counties served must be contiguous, and the regions can have no less than 4 counties and no more than 10.

Joan reviewed the Montana law. The state can receive federal funds and negotiate and contract with other governmental entities like counties and Tribal governments, but agreements with non-profits must be RFP’d every seven years. She said that is an issue as the state has “not bid out WIC since the late 80s or early 90s.”

Joan described the process the state staff used to create the DRAFT document. All WIC staff was involved in coming up with ideas like remote dietician services, cameras, use of WebEx, etc. Much was taken from the matrix of responsibilities already created. The DRAFT document of Work 2013 is for discussion purposes and may be changed, she said.

Ellen Leahy told the group that it was unfortunate that large counties were not represented at the sub-committee meeting and that she respected what the sub-committee was trying to do. She said there are concerns, however, that putting WIC on an RFP could have serious consequences for the program. She noted that the state only has to RFP three programs and asked, why put the whole program at risk? Ellen said the WIC program is “one of the fundamental building blocks of Public Health.” The process could give you counties you do not want or take away counties you do want. Ellen noted a section of the federal law (7 CFR, Chapter II, Part 246.5) which indicates in subsection 3.d., that the state shall establish standards of priority for the selection of new local agencies:

- (1) *The State agency shall consider the following priority system, which is based on the relative availability of health and administrative services, in the selection of local agencies:*
  - (i) *First consideration shall be given to a public or a private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care and administrative services.*

- (ii) *Second consideration shall be given to a public or a private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing routine pediatric and obstetric care or administrative services.*
- (iii) *Third consideration shall be given to a public or private nonprofit health agency that will enter into a written agreement with private physicians, licensed by the State, in order to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants or children).*
- (iv) *Fourth consideration shall be given to a public or private nonprofit human service agency that will enter into a written agreement with private physicians, licensed by the State, to provide ongoing, routine, pediatric and obstetric care.*
- (v) *Fifth consideration shall be given to a public or private nonprofit health or human agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.*

Some hospitals would be eligible to apply, Ellen said, and might do so even if they lose money because WIC can draw people into services. Why put it at risk? Several members echoed Ellen's comments and concerns. Linda Best noted that there now seemed to be "unanimous objection to an RFP." The facilitator asked group members to raise their hands if they did not want WIC to be put on an RFP. All group members raised their hands.

Ellen said that the group should still look at better ways to do things. Linda said that we still have to figure out how to do business differently and not just shift money around. How do we make WIC most efficient to serve the most people? How do we get to all of the eligible people in a cost-effective manner?

There was much discussion about all of the techniques to improve efficiency that had been researched, identified, and proposed in previous meetings. Joan said we are back to the problem of the state enforcing requirements or allowing locals to come up with what works for them. That generated more discussion about how data can be identified, reviewed, and applied to efforts to drive the program to more efficiency. Outliers would be identified and evaluated. The WIC program could be shaped over time to weed out inefficiency and promote those activities that improve not only efficiency, but performance.

The group was very interested in using data to improve performance and utilizing PI tools that were already recognized by Public Health to do so. Ellen suggested that a few data sets and key indicators (Vital Signs) be identified. Then, the group could select actions, pilot them, and evaluate whether they were or were not effective. If they were effective, those approaches could be standardized and enforced through state contracts. If not, other approaches would be proposed, tried, and evaluated. This effort to improve the system of WIC delivery would be ongoing.

Several members of the group related this to Quality Improvement and the 173 pilots. There will be some things that cannot happen – like having a WIC client coming in every month, or sending three people to training, etc. Until data is analyzed, it would be difficult to say what needs to be standardized. Ellen said she is "not talking about micro management of the WIC program, only that there may be a few things that should not be allowed."

Mary Beth noted that, as the group's facilitator, she was concerned after the subcommittee meeting that there was confusion about where the group should go. She said it was obvious that the group was "done studying." Perhaps, she said, the group is evolving from a Study Group to an Action Group – one that will identify and monitor data to improve performance of the statewide WIC program. She noted that many other health care entities across the country have embraced that model and are now using it to improve their systems. Maybe, she offered, this should be called the WIC Action Group going forward. There was group support for that suggestion.

## **Next Steps**

The WIC Action Group used the rest of the meeting to map out a plan of next steps. The following is a summary of their efforts:

## WIC Action Group NEXT STEPS

1. Today – pick a couple of items we are willing to commit to:
  - a. Remote Registered Dietitians
    - Explore Skype-like services
    - State to give update at next meeting
  - b. Remote Training
    - Explore WebEx
    - CPA Training
    - Certifications
    - State to give update at next meeting
2. Identify which “Vital Signs” (key indicators) we want to review at each meeting.
3. Meet every spring/fall and could have a teleconference in between.
4. Want certification numbers vs. participation numbers – active participation and potentially eligible
5. Next meeting: Thursday, April 28, 2011, in Helena, from 8:00 a.m. – 4:00 p.m.
6. Discuss thresholds (e.g. number of FTEs per number of participants) at the next meeting, as well.
7. Combine funding formula discussion with the WIC Action Group meeting.
8. Report from the state regarding the question of whether the WIC software, M-SPIRIT, is accurately counting the numbers of participants.
9. Bring DPHHS administrative staff to the meeting to explain the indirect cost allocation.
10. Everyone – review the DRAFT RFP for good ideas that the state staff included in there.

### Updates

Joan said the state attorneys are looking at what must be done with the requirement to RFP the non-governmental nonprofit WIC contracts that serve 13 counties.

She reported that WIC Registered Dietitians are going to meet in Helena on March 9<sup>th</sup> to develop guidelines and look at example policies and procedures for remote RD services. It will be up to local programs interested in that service to decide if they want to implement policies developed by the group. The state will not employ RDs, Joan said.

Joan said the state will set up as much remote training as possible, but face to face meetings in two locations in the state, is still preferred by many local WIC employees. They are in the process of putting together an M-SPIRIT module for online training. New employees will be sent a laptop with a test data base.

CPA certification can be done remotely and the state has allowed it in a couple of sites. Policies and procedures need to be developed and put into place.

Joan said the state should be able to have all requested data by the next meeting scheduled for April 28. Here is the list of data that the group suggested:

- Number of participants per county or region
- Number of potentially eligible participants per county or region
- Number of certifications vs. participation
- Caseload number per county or region
- Cost per potentially eligible participants per county or region
- Cost per certified participant per county or region

Joan will send out the numbers before the next meeting.

## **Evaluation**

In regard to what participants liked about the meeting, several members liked the conversation and input offered and one noted that they appreciated everyone's perspective. One person expressed appreciation for the group's willingness to take in information from the Large Caucus and "being able to change." "This meeting," one person said, "reinforces that change is difficult but we are moving and have made progress." Another said, "We are taking concrete steps forward and have a solid plan." One noted that the meeting was "productive and progressive." Another thanked the state staff for "a great newsletter" and others supported that comment. Several members said they appreciated the process and discussion that occurred. There were several people who liked that the group will be moving into a QI/PI model. One person said they appreciated everyone's willingness to "change the paradigm from planning to action" and another liked the shift of thinking to more on the state level and less on the local level. "It is really smart to be proactive," another said. "The tension in the group is gone, there is passion now. This is a huge transition," voiced a group member. It is "great that we recognized we have moved into an action phase," said another. One participant offered that they wanted the RFP to "spark conversation and it did that!" Two in the group said that the 9:00-3:00 meeting time was good and gave them time to travel. One person said, "I always come away impressed with the brilliant minds and things I have learned about the whole picture." One person liked the term "Vital Signs" that was offered. And one participant commended the work done by the subcommittee and offered thanks to the state staff who worked hard on the DRAFT RFP and data that was presented.

As to what should be changed or done differently in future meetings, one person felt the group got "off track" during the discussion about regionalization and consolidation was not fully addressed. Another wished that the group had addressed the "purpose section." Another would like the group to consider opening up participation in the group as there are others who want to join. Several people noted that they want a bigger room next time. Two people wished that there was not a conflict in scheduling the phone line for conference calls. Several lamented the situation in the state legislature. One person asked the state to put the local numbers for hotel reservation on the meeting announcements because you cannot negotiate a good rate through the national 1-866 number, for example. Another reminded the group that she is available to answer questions about the WIC budget and if they have questions, to email her. One person wished that more time was spent reviewing the DRAFT RFP as the state staff worked very hard on it and there are good ideas in it. She encouraged everyone to take it home and read it.

## **Public Comment**

As the meeting room was small, and the observers had to sit at the table with the Action Group members, their comments were taken throughout the meeting. There were no other members of the public present.